



# ENROLLMENT FOR NEW MEMBERS EMPLOYED BY A CHARTER SCHOOL

State Form 53269 (6-07)

Approved by State Board of Accounts, 2007

## INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

Telephone: (317) 232-3860 / (888)-286-3544

Website: [www.in.gov/trf](http://www.in.gov/trf)

### INSTRUCTIONS:

*Please submit this form within five (5) working days of the initial date of employment. In order to enroll the member, this form must be completed in full. The Charter School employer must certify a member meets all eligibility requirements.*

### PRIVACY NOTICE

Your Social Security number is required by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory and this form will not be processed without requested information.

### MEMBER INFORMATION

Social Security number	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (month, day, year)
First name	MI	Last name	
Address (number and street)		Home telephone number (       )	
		Alternate telephone number (       )	
City	State	ZIP code	

If you have not previously provided these documents, you are required to submit a copy of your Social Security Card and a Birth Certificate from a Public Health Department.

Signature of member	Date of signature (month, day, year)
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### CHARTER SCHOOL EMPLOYER CERTIFICATION

Employer unit number	Name of employer	Date of employment (month, day, year)
Employer certifies the member is an employee of the Charter School: <input type="checkbox"/> Yes <input type="checkbox"/> No		
By signing this form, the employer verifies the person named above is an employee of the Charter School and is qualified to serve as a teacher pursuant to Title 515 IAC et seq., and is certified by the Indiana State Board of Education.		
Authorized signature	Title	Date of signature (month, day, year)